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			<u> </u>	I EN	elten	(Signature)	
				17/27/	78	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/817,394 TITLE OF INVENTION	04/02/2004 TENSIONING DEVICE	CE FOR CLOTHING ST	Kathy L. Baker FRAPS		29146.0002	2936	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$0	\$0	\$755	07/28/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
HALE, GL	ORIA M	3765	450-086000				
CFR 1.363). Change of corresp Address form PTO/SE "Fee Address" indi PTO/SB/47; Rev 03-0 Number Is required. 3. ASSIGNEE NAME A	ess an assignee is iden h in 37 CFR 3.11. Com GNEE	ange of Correspondence " Indication form and Use of a Customer A TO BE PRINTED On tiffed below, no assigned pletion of this form is N	or agents OR, alternative (2) the name of a single registered attorney or 2. registered patient attorney or 3. register of the property of the patient of the p	3 registered patent attorvely, e firm (having as a mem) gent) and the names of t meys or agents. If no nan printed. be) e) atent. If an assignee is i assignment. 'and STATE OR COUN' Individual Corporat	er a 2 SHUT 2 SHUT 2 Lentified below, the d FRY)	oup entity Government	
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